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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400007139

1. Corporation Name

SITTER SOLUTIONS INC.

Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90024 015 ***150.00

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|--|--|--|--|---|---|---|--|------------------|------------------|------------------------------------|---|
| Principal Place | e of Business | Mailing A | ddress | | | | () () | | **************** | | ((()) |
| 4605 OAK COVE LANE | | 4605 OAK | 4605 OAK COVE LANE | | | | | | , | | |
| ORLANDO FL 32806 | | ORLANDO | ORLANDO FL 32806 | | | | | DO NOT WRI | TE IN THIS | SPACE | |
| | | | | | | | 3. Date Incorpora | | 11 11 11 11 | OI AGE | |
| | | | | | | | 01/19/1994 | | | | |
| | | 2a. Mailin | - Addraga | | | | 4, FEI Number | | | Τ Τ Δο | plied For |
| | lace of Business | | y Address | | | į | 59-3218343 | 1 | | <u> </u> | t Applicable |
| 21 | # | 26 Suite | Apt. #, etc. | | | | 38 32 10343 | · | | \$8.75 | |
| Suite, Apt. | #, etc. | | дрт. н, етс. | | | | 5. Certifcate of St | atus Desired | | Fee Re | |
| City & State | | | City & State | | | | 6. Election Campa | aign Financing | | \$5.00 | May Re |
| | e | 28 | . 0.0.0 | | | | Trust Fund Cor | | Ģ | Added t | |
| Zip | Country | Zip | | Countr | | | 8. This corporatio | | ent vear Int | angible | |
| 24 | 25 | 29 | Ī | 30 | • | | Personal Prope | | , | Yes | □No |
| 24 | 9. Name and Address of Curr | | | <u>,</u> | | | 10. Name and Ad | dress of New F | Registered | Agent | |
| | · | | | 8 | Name | , | | | | | _ |
| HER | ALD, CYNTHIA L | | | 8; | | A A J J | (D.O. Bay Nyarba | s is Not Assent | abla) | | _ |
| 4605 OAK COVE LANE | | | | | | t Addres | ss (P.O. Box Number is Not Acceptable) | | | | |
| ORL | ANDO FL 32806 | | | 8: | 3 | | | | | | _ |
| | | | | | | | | | | | ~ |
| | | | | 8 | City | | | | FL | 85 Zip (| Jode |
| | | | | | | d corpor | ration submits this st | tatement for the | purpose of | changing its | registered |
| 11 Pursuant | to the provisions of Sections 607.0 | 1502 and 607.150 ₆ | Florida Statute | s, the abo | /e-name | | | | | | |
| office or r | to the provisions of Sections 607.0 egistered agent, or both, in the Sta | ate of Florida Suc | rh change was all | ithonzed b | vine cor | poration | i's board of directors | . I hereby accer | pt the appu | intment as re | gistered |
| office or r | to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obline to the section of the sectio | ate of Florida Suc | rh change was all | ithonzed b | vine cor | poration | 's board of directors | . I hereby accer | pt the appu | intment as re | gistered |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

407 859-7067